

FIG. 1

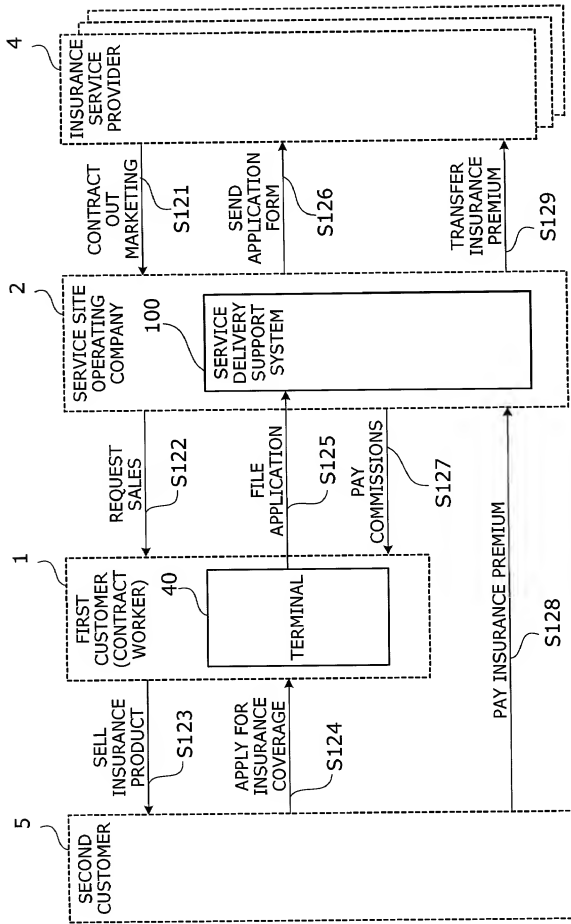


FIG. 2

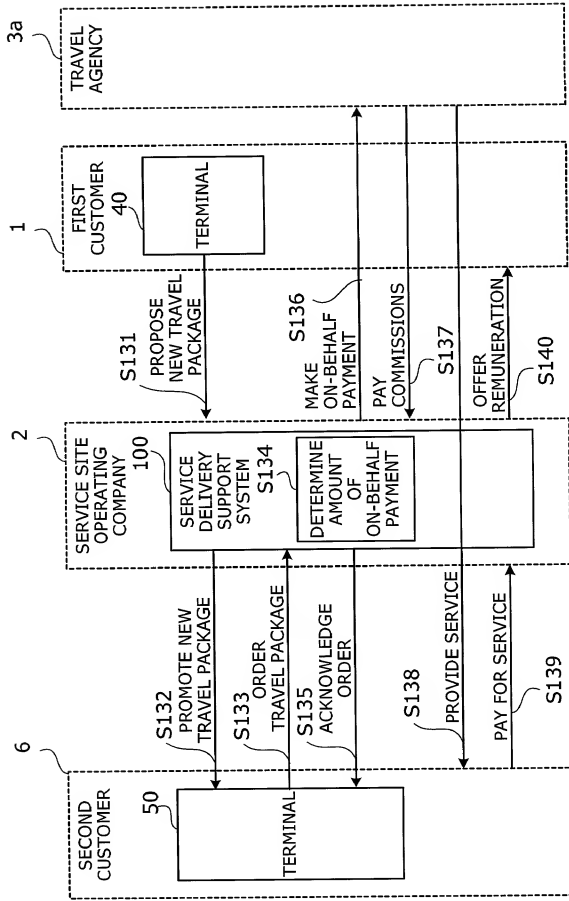


FIG. 3

The diagram illustrates a network system architecture. A central cloud labeled "NETWORK" is connected to six components:

- 100**: SERVICE DELIVERY SUPPORT SYSTEM AT SERVICE SITE OPERATING COMPANY (represented by a server and monitor).
- 20**: SERVER AT PAID-SERVICE PROVIDER (represented by a server and monitor).
- 30**: SERVER AT INSURANCE SERVICE PROVIDER (represented by a server and monitor).
- 14**: NETWORK (the central cloud).
- 40**: TERMINAL (represented by a desktop computer).
- 50**: TERMINAL (represented by a desktop computer).
- 60**: TERMINAL (represented by a desktop computer).

FIG. 4

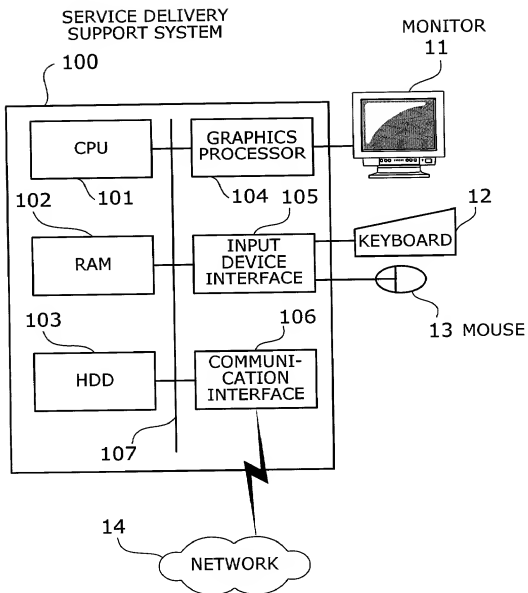


FIG. 5

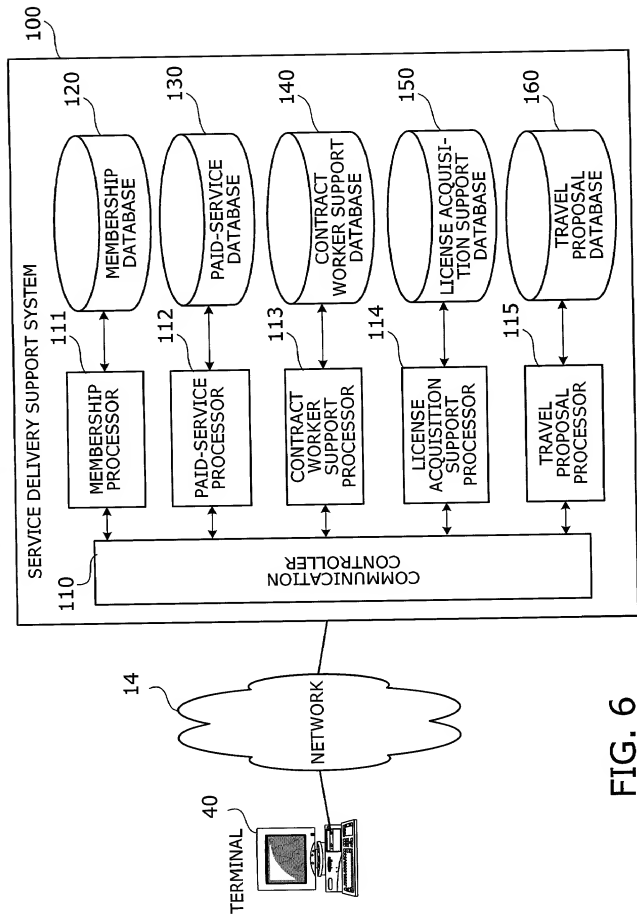


FIG. 6

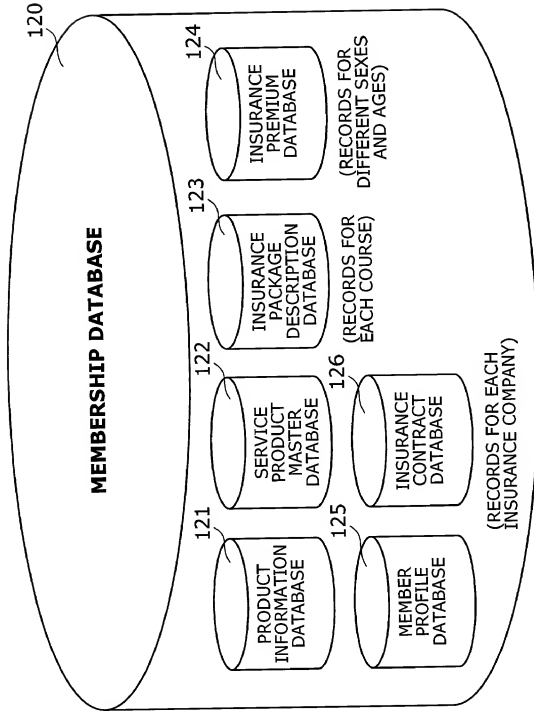


FIG. 7

1991-1992





TRAVEL PACKAGE DATABASE RECORD

REFERENCE NUMBER	M99999
DATE OF REGISTRATION	YYYY-MM-DD
DATE OF UPDATE	YYYY-MM-DD
NUMBER OF ORDERS	99
PRODUCT CATEGORY	TOUR
TOUR TYPE	FAMILY TYPE A
PRODUCT CODE	TXXXXXX
PRODUCT NAME	FAMILY PACKAGE A
SALES PRICE	9, 999, 999
NUMBER OF DAYS	99
DEPARTURE DATE	YYYY-MM-DD
PACKAGES FOR SALE	999
SALES STARTING DATE	YYYY-MM-DD
PAYMENT CONDITION	ON-BEHALF PAYMENT APPLICABLE
PRODUCT DETAILS RECORD ADDRESS	RECORD ADDRESS #1
ORGANIZING TRAVEL AGENCY	XXXXXX

FIG. 11

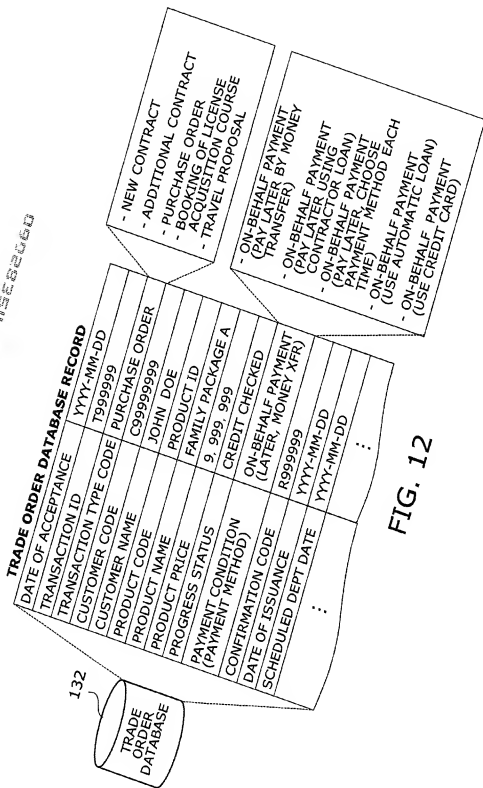


FIG. 12

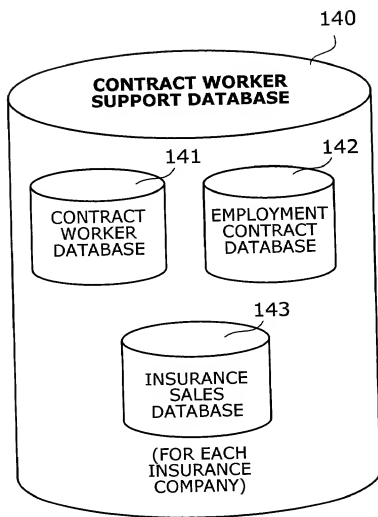


FIG. 13

CONTRACT WORKER DATABASE RECORD

REFERENCE NUMBER	P99999
DATE OF REGISTRATION	YYYY-MM-DD
DATE OF UPDATE	YYYY-MM-DD
MANAGING STATUS	9
MEMBERSHIP NUMBER	CXXXXXX
EMPLOYMENT CONTRACT	REF. NUMBER
SETTLEMENT ACCOUNT	XXXXXX
TOTAL AMOUNT OF COMMISSIONS	99999
NUMBER OF LICENSERS	9
NAME OF LICENSER	ABC CORP.
GRADE OF LICENSE	PRIMARY AGENT
DATE OF ISSUANCE	YYYY-MM-DD
NUMBER OF POLICIES SOLD	999
NUMBER OF PENDING CONTRACTS	999
PROGRESS STATUS	XX
INSURANCE SALES RECORD	RECORD ADDRESS
COMMISSION	99999

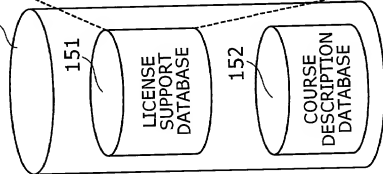
0: PENDING
1: REGISTERED
2: EMPLOYMENT
CONTRACT
CONCLUDED

141

CONTRACT
WORKER
DATABASE

FIG. 14

LICENSE
ACQUISITION
SUPPORT
DATABASE 150



LICENSE SUPPORT DATABASE RECORD

REFERENCE NUMBER	M99999
DATE OF REGISTRATION	YYYY-MM-DD
DATE OF UPDATE	YYYY-MM-DD
NUMBER OF REGISTRANTS	3
PRODUCT CATEGORY	LICENSE ACQUISITION COURSE
COURSE GRADE	PRIMARY
PRODUCT CODE	SXXXXXX
PRODUCT NAME	INSURANCE AGENT LICENSE COURSE
SALES PRICE	999, 999
NUMBER OF DAYS	99
STARTING DATE	YYYY-MM-DD
MAX REGISTRANTS	999
REGISTRATION START DATE	YYYY-MM-DD
PAYMENT CONDITION	AUTOMATIC LOAN SERVICE APPLICABLE
PRODUCT DETAILS RECORD ADDRESS	RECORD ADDRESS #1
COURSE ORGANIZER	XXXXX

- AUTOMATIC LOAN
- ON-BEHALF PAYMENT
- CREDIT
- AUTOMATIC LOAN
PLUS CREDIT CARD

FIG. 15

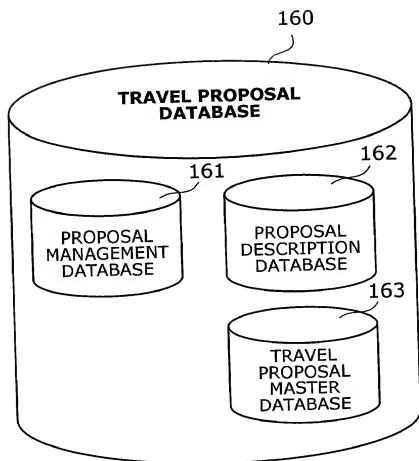


FIG. 16

PROPOSAL MANAGEMENT DATABASE RECORD

REFERENCE NUMBER	P99999
DATE OF REGISTRATION	YYYY-MM-DD
DATE OF UPDATE	YYYY-MM-DD
NUMBER OF REGISTRANTS	
PRODUCT CATEGORY	
TOUR TYPE	
PRODUCT NAME	
SALES PRICE	\$999, 999
NUMBER OF DAYS	99
STARTING DATE	YYYY-MM-DD
MAXIMUM REGISTRANTS	999
PAYMENT CONDITION	AUTOMATIC LOAN SERVICE APPLICABLE
PROPOSAL DETAILS STORAGE ADDRESS	RECORD ADDRESS #1

161



- AUTOMATIC LOAN
- ON-BEHALF PAYMENT
- CREDIT
- AUTOMATIC LOAN
PLUS CREDIT CARD

FIG. 17

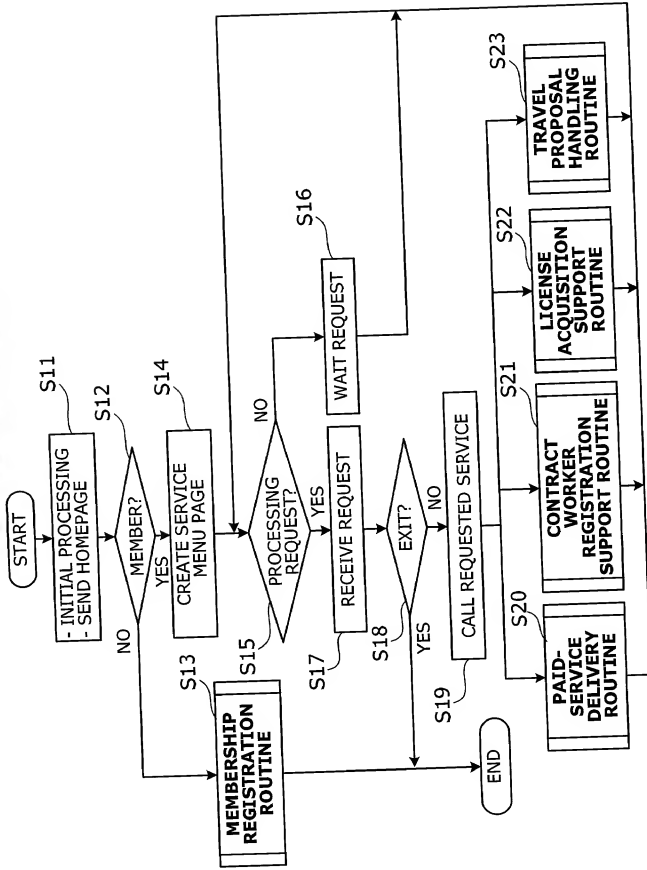


FIG. 18

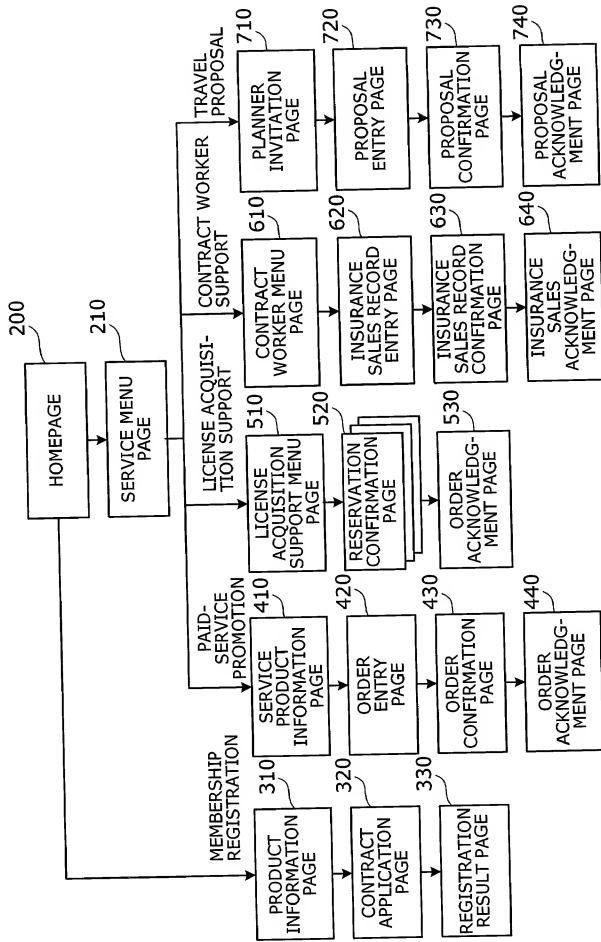


FIG. 19

200

LIFE INSURANCE SERVICE SITE

201

VISITORS:

Welcome to our service site. If this is your first visit, please read the following description of our service.

202

Our goal is to provide ...

Click here to become a member.

REGISTERED MEMBERS:

203

204

205

206

FIG. 20

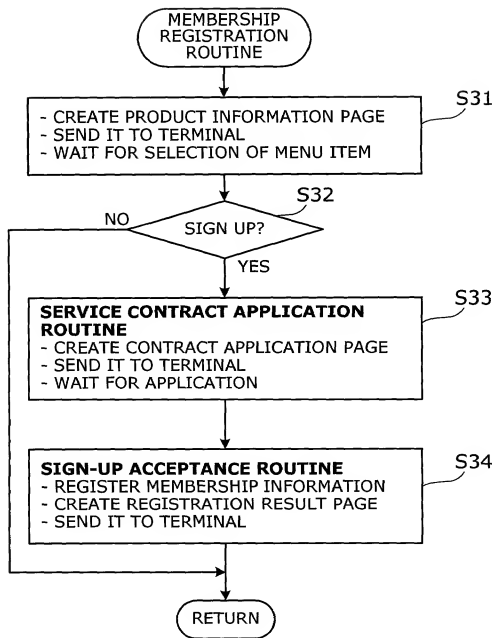



FIG. 21

310

311

LIFE INSURANCE PRODUCT INFORMATION

If you are interested in our offer, select the following and press **SELECT** button.

If not, click this button  to exit.

312

313

SEX ☒ MALE ☐ FEMALE **AGE** ▼ 50

INSURANCE PACKAGE

314

315

☐ \$10,000 SINGLE PREMIUM **VIEW DETAILS**

☐ \$20,000 SINGLE PREMIUM **VIEW DETAILS**

☒ \$30,000 SINGLE PREMIUM **VIEW DETAILS**

316

HOME

317

SELECT

FIG. 22

321

INSURANCE APPLICATION PAGE

322

We need your personal information to proceed with the application.

FIRST NAME:

LAST NAME:

SEX: ☒ MALE ☐ FEMALE

YOU ARE: ☒ MARRIED ☐ NOT MARRIED

DATE OF BIRTH: - -
(YYYY-MM-DD)

YOUR FAMILY HAS: MEMBERS

HOME ADDRESS:

ZIP CODE:

323

SELECTED PACKAGE

You are applying for the following package.

INSURANCE PACKAGE: \$30,000 SINGLE PREMIUM

SEX: MALE

AGE: 50s

PREMIUM: \$99,999

324

325

FIG. 23

330

REGISTRATION RESULT PAGE

- CUSTOMER NAME: JOHN DOE
- CUSTOMER CODE: C99999999
- CONFIRMATION CODE: R99999

ORDERED INSURANCE PACKAGE
PACKAGE: \$30,000 SINGLE PREMIUM
SEX: MALE
AGE: 50s
PREMIUM: \$99,999

HOME

331

332

333

FIG. 24

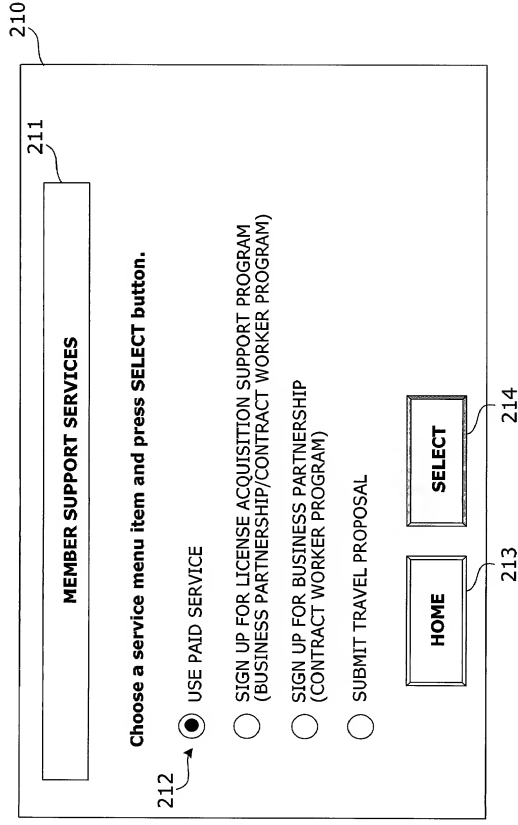


FIG. 25

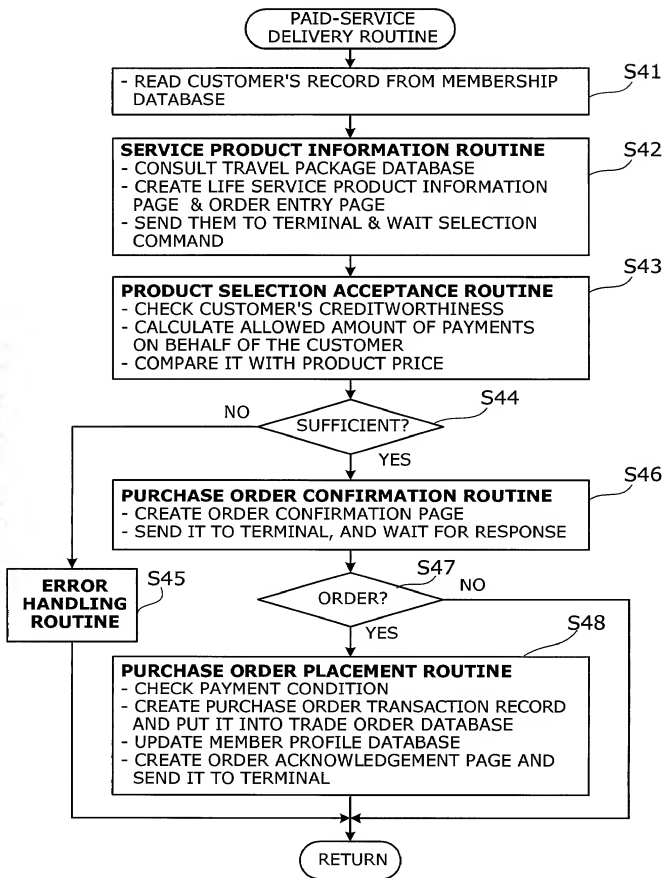


FIG. 26

PAID SERVICE PAGE

Choose an item and press SELECT button.
We are please to offer On-behalf Payment option for your purchase of these products.

Recommended #1	Recommended #2	PRICE	SCHEDULE
<input checked="" type="radio"/> FAMILY TRAVEL PACKAGE A	<input type="radio"/> FAMILY TRAVEL PACKAGE B	9999999	XX
<input type="radio"/> HEALTH CARE SEMINAR		9999999	XX
<input type="radio"/> AT SPA RESORT		9999999	XX

HOME

SELECT

FIG. 27

420

ORDER ENTRY PAGE

421

PRODUCT NAME	PRICE	DEPARTURE DATE	NUMBER OF NIGHTS
FAMILY TRAVEL PACKAGE A (ALLOWED ON-BEHALF PAYMENTS \$99, 999)	\$99, 999	MM-DD	3

422

Give us your desired departure date and payment method.

423

DESIRED DEPT. DATE: - -
(YYYY-MM-DD)

DESIRED PAYMENT METHOD:

424

☒ ON-BEHALF PAYMENT
(LATER PAYMENT BY MONEY TRANSFER)

☐ ON-BEHALF PAYMENT
(LATER PAYMENT WITH CONTRACTOR LOAN SERVICE)

☐ ON-BEHALF PAYMENT
(LATER PAYMENT METHOD OF YOUR CHOICE)

425

OK

FIG. 28

430

431

PURCHASE ORDER CONFIRMATION PAGE

Confirm your order and payment condition.

432

PRODUCT NAME	PRICE	DEPARTURE DATE	NUMBER OF NIGHTS
--------------	-------	----------------	------------------

FAMILY TRAVEL PACKAGE A	\$99, 999	MM-DD	3
-------------------------	-----------	-------	---

PAYMENT CONDITION

433

- PAYMENT METHOD: ON-BEHALF PAYMENT (LATER PAYMENT BY MONEY TRANSFER)
- AMOUNT OF PAYMENT: \$99,999

434

OK

435

CANCEL

FIG. 29

440

441

442

ORDER ACKNOWLEDGMENT PAGE

**Thank you, John.
We have accepted your purchase order.**

- CUSTOMER NAME: JOHN DOE
- CUSTOMER CODE: C99999999
- CONFIRMATION CODE: R99999
- PRODUCT BOOKED: FAMILY TRAVEL PACKAGE A
- PRODUCT PRICE: \$99,999
- PAYMENT METHOD: ON-BEHALF PAYMENT (LATER PAYMENT BY MONEY TRANSFER)
- SCHEDULED DEPARTURE: YYYY-MM-DD

BACK TO MENU

443

FIG. 30

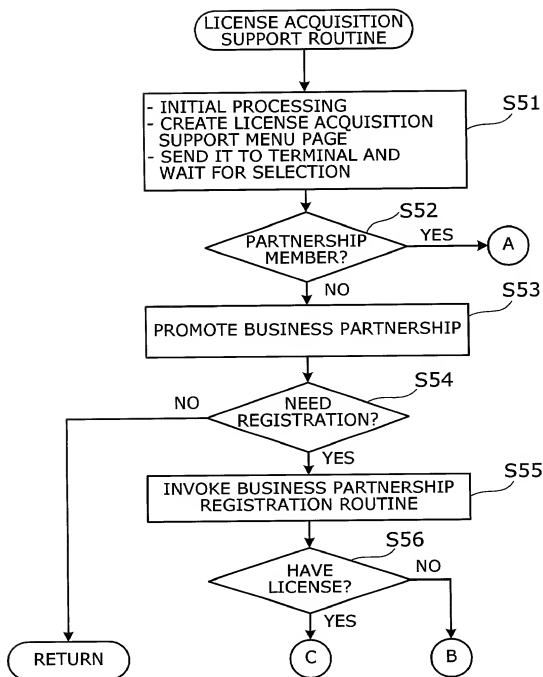
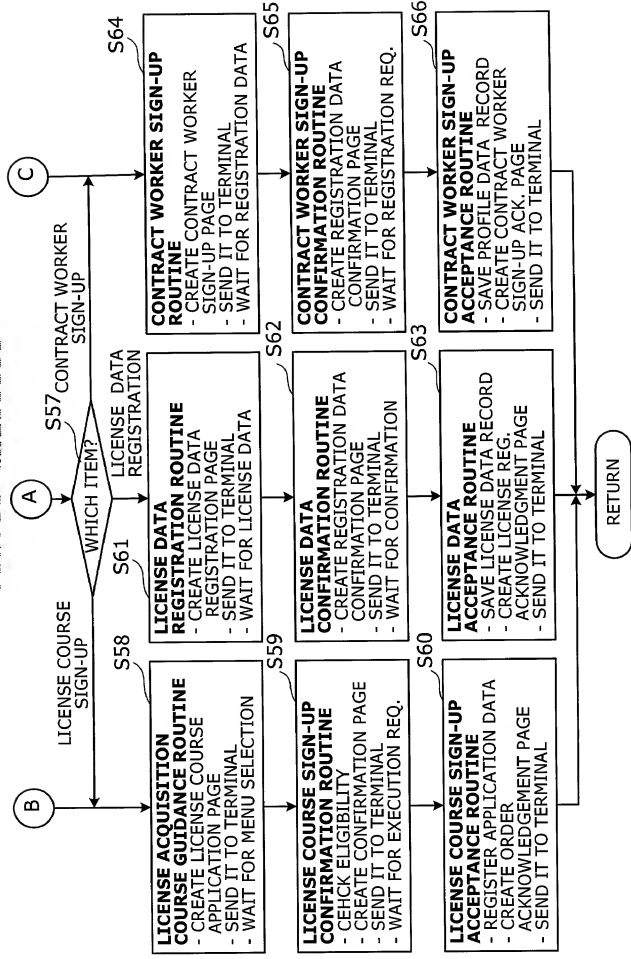


FIG. 31



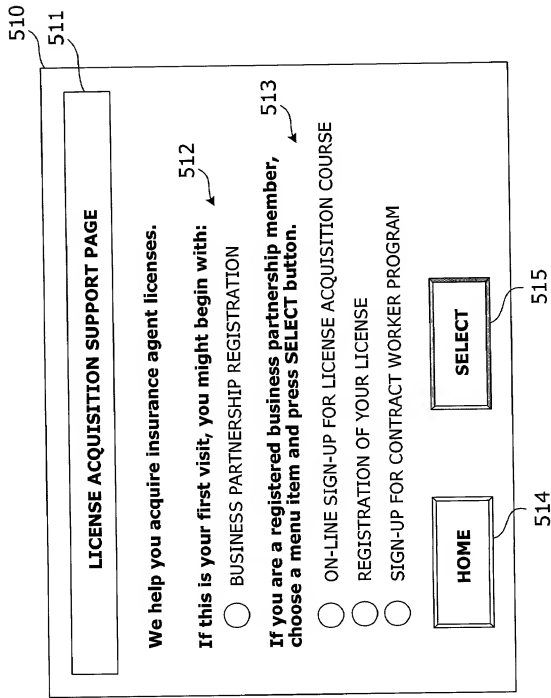


FIG. 33

520a

521a

BUSINESS PARTNERSHIP REGISTRATION PAGE

Please answer the following questions:

- Would like to enroll yourself as a business partnership member?

☒ YES ☐ NO

522a

- Do you have an insurance agent license(s)?

☒ YES ☐ NO

523a

HOME

OK

524a

525a

FIG. 34

520b

521b

LICENSE ACQUISITION SUPPORT PAGE

The following is a list of ABC Corp. license courses.
Choose a course and press **SELECT** button.

522b

COURSE NAME	FEE	DURATION
<input checked="" type="radio"/> PRIMARY COURSE	999999	1.5 WEEKS
<input type="radio"/> INTERMEDIATE COURSE	999999	5 WEEKS
<input type="radio"/> SENIOR COURSE	999999	5 WEEKS

HOME

SELECT

523b

524b

FIG. 35

LICENSE ACQUISITION SUPPORT PAGE

Confirm your order and press OK button.

COURSE NAME	FEE	DURATION
PRIMARY GRADE LICENSE COURSE	999, 999	1.5 WEEKS

PAYMENT CONDITION:

PAYMENT METHOD: MEMBER DISCOUNT

OK

CANCEL

FIG. 36

530

531

532

ORDER ACKNOWLEDGMENT PAGE

Thank you, John.
We have accepted your order.

- CUSTOMER NAME: JOHN DOE
- CUSTOMER CODE: C999999999
- CONFIRMATION CODE: R99999
- COURSE NAME: PRIMARY GRADE LICENSE
COURSE
- FEE: \$99. 999
- DURATION: 1.5 WEEKS
- PAYMENT CONDITION: MEMBER DISCOUNT

533

HOME

FIG. 37

520d

521d

LICENSE ACQUISITION SUPPORT PAGE

Check your course description and enter your license data.

522d

- COURSE PROVIDER: ABC CORP.
- COURSE NAME: PRIMARY GRADE LICENSE COURSE
- COURSE STARTED: YYYY-MM-DD
- PAYMENT CONDITION: MEMBER DISCOUNT

523d

▼ ABC CORP. ▼

524d

▼ PRIMARY ▼

525d

DATE OF ISSUANCE:
(YYYY-MM-DD)

527d

OK

526d

BACK TO
MENU

FIG. 38

520e

521e

LICENSE ACQUISITION SUPPORT PAGE

Confirm your license registration data and press OK button.

522e

- COURSE PROVIDER: ABC CORP.
- COURSE NAME: PRIMARY GRADE LICENSE COURSE
- COURSE STARTED: YYYY-MM-DD
- PAYMENT CONDITION: MEMBER DISCOUNT

523e

- LICENSER: ABC CORP.
- LICENSE GRADE: PRIMARY
- DATE OF ISSUANCE: YYYY-MM-DD

524e

OK

525e

CANCEL

FIG. 39

530a

531a

LICENSE ACQUISITION SUPPORT PAGE

We have accepted your license registration as follows.

532a

- COURSE PROVIDER: ABC CORP.
 - COURSE NAME: PRIMARY GRADE LICENSE COURSE
 - COURSE STARTED: YYYY-MM-DD
 - PAYMENT CONDITION: MEMBER DISCOUNT

533a

- LICENSER: ABC CORP.
 - LICENSE GRADE: PRIMARY
 - DATE OF ISSUANCE: YYYY-MM-DD

534a

RETURN

FIG. 40

520f

521f

522f

**BUSINESS PARTNERSHIP SUPPORT PAGE
(CONTRACT WORKER PROGRAM)**

**You are invited to our contract worker program.
If you hold an insurance agent license, register your license
data in this page.**

NON-REGISTRANTS OF BUSINESS PARTNERSHIP
MEMBERS WITH NO LICENSES
MEMBERS WITH NEW/ADDITIONAL LICENSE DATA TO REGISTER

- LICENSER:

▼ ABC CORP.

523f

- LICENSE GRADE:

▼ PRIMARY

524f

- DATE OF ISSUANCE:
(YYYY-MM-DD)

--

525f

**BACK TO
MENU**

526f

OK

527f

FIG. 41

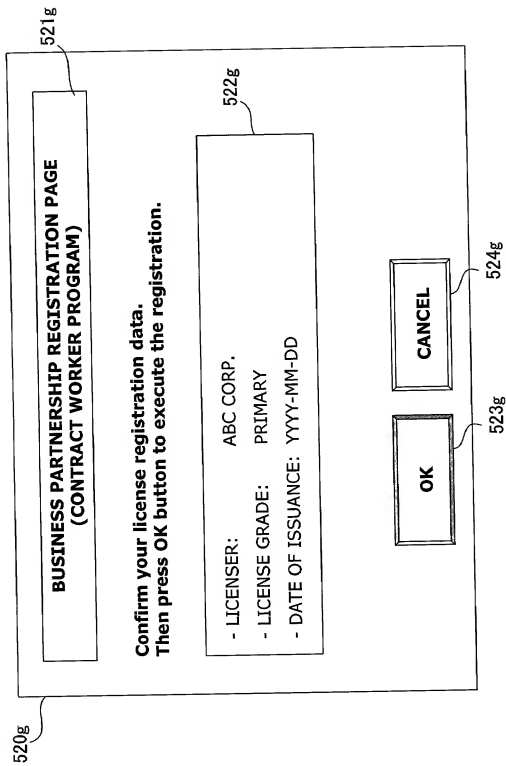


FIG. 42

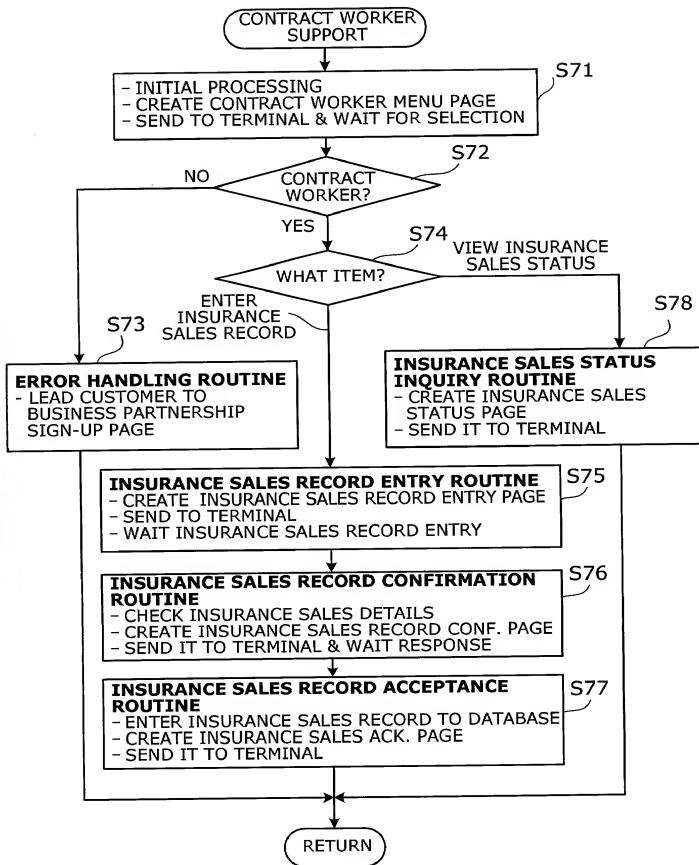
SIGN-UP ACKNOWLEDGMENT PAGE

Thank you for joining our contract worker program.
We have accepted your sign-up information as follows.
You will receive the employment contract form soon.
Please fill out the form and send it back to us.

- CUSTOMER NAME: JOHN DOE
- CUSTOMER CODE: C99999999
- CONFIRMATION CODE: R99999
- DATE OF SIGN-UP: YYYY-MM-DD

HOME

FIG. 43



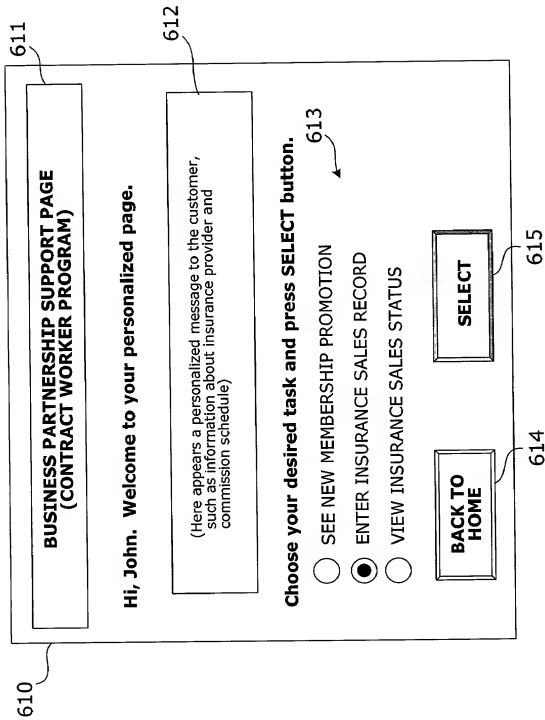


FIG. 45

620

621

**BUSINESS PARTNERSHIP SUPPORT PAGE
(CONTRACT WORKER PROGRAM)**

PURCHASER INFORMATION

622

FIRST NAME:
 LAST NAME:

623

SEX ☒ MALE ☐ FEMALE

AGE

624

▼ 50 ▼

INSURANCE PACKAGE SOLD

625

☐ \$10,000 SINGLE PREMIUM
☐ \$20,000 SINGLE PREMIUM
☒ \$30,000 SINGLE PREMIUM

626

627

OK

CANCEL

FIG. 46

**BUSINESS PARTNERSHIP SUPPORT PAGE
(CONTRACT WORKER PROGRAM)**

**Enter the buyer's name and press
OK button for registration.**

FIRST NAME:

LAST NAME:

PACKAGE SPECIFICS

PACKAGE: \$30,000
SINGLE PREMIUM

SEX: MALE
AGE: 50s
PREMIUM: \$99,999

FIG. 47

640

641

**BUSINESS PARTNERSHIP SUPPORT PAGE
(CONTRACT WORKER PROGRAM)**

Don't forget to mail us the application form.

642

- YOUR CUSTOMER'S NAME: XXXX YYYY
- CUSTOMER CODE: C99999999
(PROVISIONAL ID)
- CONFIRMATION CODE: R99999

643

- PARTNERSHIP MEMBER NAME: JOHN DOE
- CUSTOMER CODE: C99999999
(PROVISIONAL ID)
- CONFIRMATION CODE: R99999

644

CONTRACT DETAILS

INSURANCE \$30,000
PACKAGE: SINGLE PREMIUM
SEX: MALE
AGE: 50
PREMIUM: \$99, 999

645

HOME

FIG. 48

650

651

**BUSINESS PARTNERSHIP SUPPORT PAGE
(CONTRACT WORKER PROGRAM)**

652

- NUMBER OF INSURANCE COMPANIES: 1
- NAME OF INSURANCE COMPANY: ABC CORP.

653

YOUR SALES TRACK RECORD: JANUARY 2000

INSURANCE PACKAGE	SEX	AGE	INSURANCE PREMIUM	CUSTOMER NAME	CONFIRMATION CODE	PROGRESS STATUS
\$30,000 SINGLE PREMIUM	MALE	50	\$99,999	XXXX	R99999	PAID
\$10,000 SINGLE PREMIUM	FEMALE	50	\$99,999	XXXX	R99999	FORM RECEIVED
\$20,000 SINGLE PREMIUM	MALE	50	\$99,999	XXXX	R99999	UNPAID

654

HOME

655

RETURN

FIG. 49

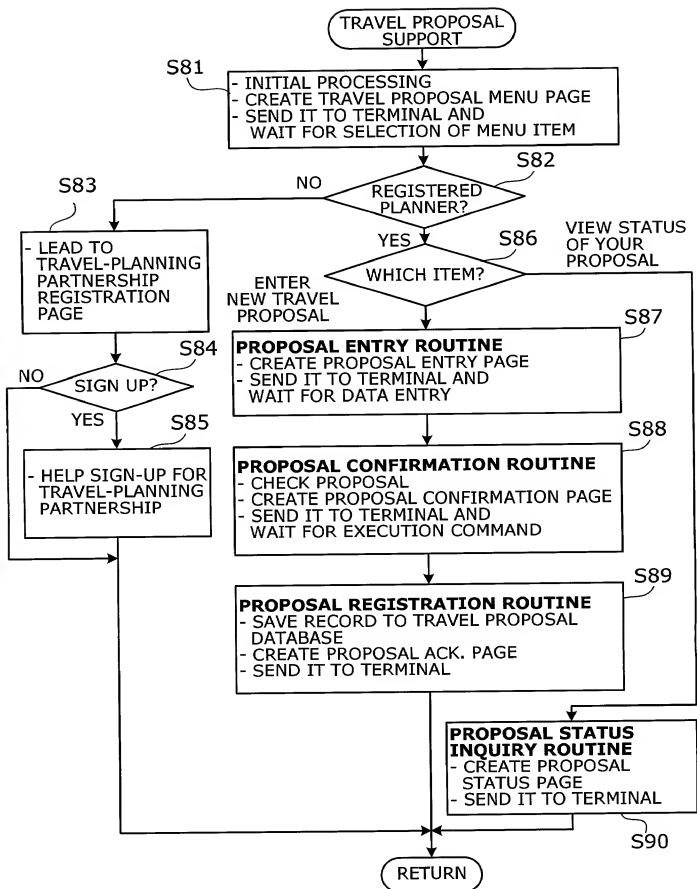


FIG. 50

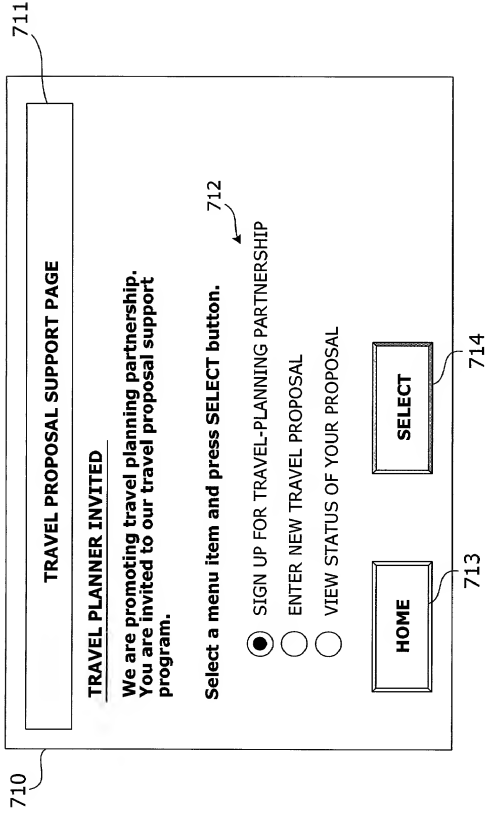


FIG. 51

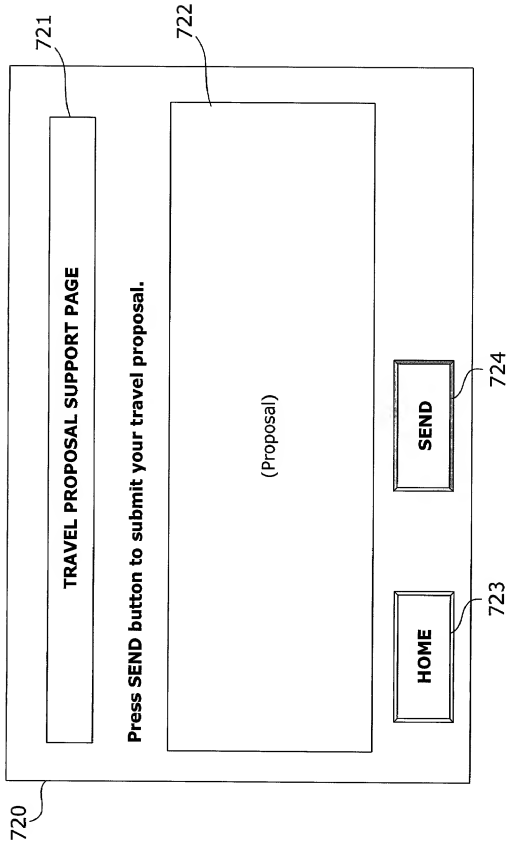


FIG. 52

800

810 PLANNER	NAME	811				
	ADDRESS	812				
	PHONE	813				
	FACSIMILE	814				
	E-MAIL	815				
820	PROJECT NAME					
830	KEY CONCEPT		841a	841b	841c	841d
840 DETAILS OF PROPOSAL	TRAVEL ITINERARY	PERIOD	PLACE TO VISIT	LODGING	REMARKS	
		841				
	ASKING PRICE	842		843a		
	PRIMARY MARKET	843		SALES PROSPECTS		
	REASON	844				
850 COMMENTS						

FIG. 53

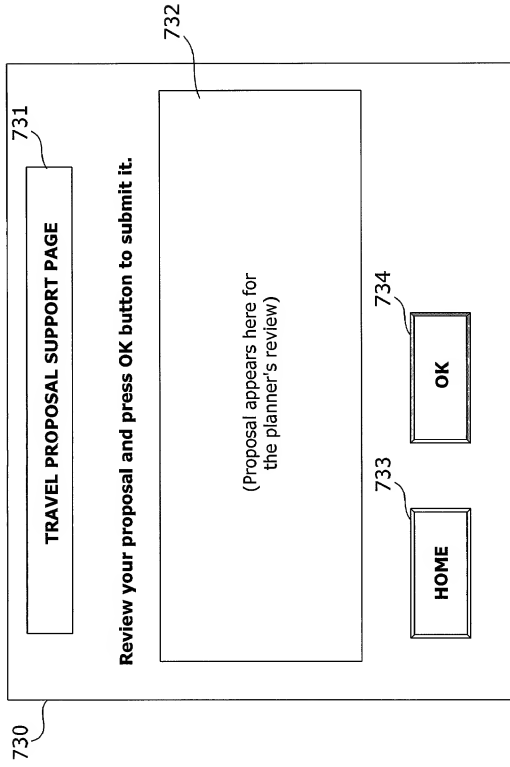


FIG. 54

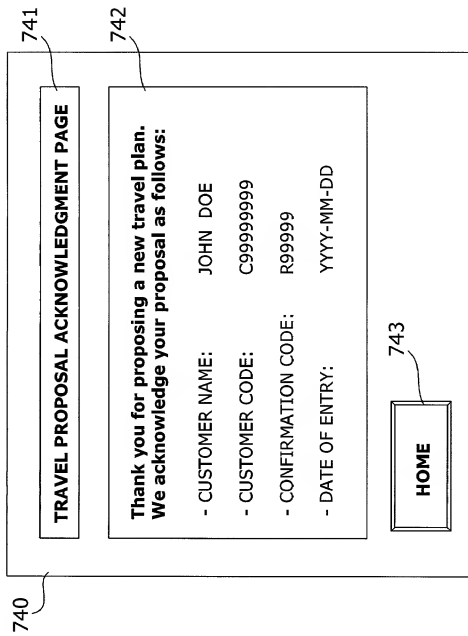


FIG. 55